

Prescription Drug Abuse and Diversion: The Role of Prescription Drug Monitoring Programs

Bill Number:

Hearing Date: September 23, 2004, 2:00 pm

Location: SD-430

Witness:

Dr. James W Holsinger, Jr.

Kentucky Cabinet for Health and Family Services

Secretary

Testimony

Chairman Judd Gregg, and esteemed members of the Senate Committee, I am here today to briefly discuss Kentucky's implementation of a Prescription Drug Monitoring Program (PMP), the status of the current system enhancements, and the goals of the Commonwealth in detecting and preventing prescription drug abuse and diversion.

Before I begin, I would like to thank and recognize Congressman Ed Whitfield who is passionate about wanting to work towards reducing the abuse of prescription drugs in the Commonwealth and beyond, and Congressman Hal Rogers, the Dean of Kentucky's Congressional delegation, for all of his hard work to reduce the abuse of prescription drugs.

There is no question, that prescription drug abuse and diversion is a public health crisis of great magnitude. Accordingly, failing to combat this issue with great vigor on multiple fronts, and in a highly coordinated fashion will undoubtedly lead to dire health and safety consequences nationwide.

Prescription Drug Monitoring Programs are designed to help prevent and detect the diversion and abuse of pharmaceutical controlled substances, particularly at the retail level. States that have implemented prescription monitoring programs have the capability to collect and analyze prescription data much more efficiently than states without such programs, where the collection of prescription information requires the manual review of pharmacy files, a time-consuming and invasive process.

The purpose of PMPs is to enhance the ability of health care professionals, as well as regulatory and law enforcement agencies, to collect and analyze controlled substance prescription data. This is accomplished by building a data collection and analysis system at the state level, enhancing existing programs' ability to analyze and use collected data, and facilitating the exchange of collected prescription data among states. The increased efficiency of prescription monitoring programs allows for the early detection of abuse trends and possible sources of diversion.

In your packet is a chart depicting the KASPER process, as well as some rather impressive statistical information generated from the program.

Kentucky's prescription drug monitoring program was established during the Kentucky General Assembly's 1998 Legislative Session, the provisions codified under KRS 218A.202. The program did not become operational until 1999.

The program is commonly referred to as KASPER which is the acronym for the Kentucky All Schedule Prescription Electronic Reporting program. This system automated the processing of data to support the tracking and sharing of information in accordance with existing statutes governing controlled substance prescriptions.

KASPER was created with two main goals in mind. First, to be a source of information for physicians and pharmacists; and second, to be an investigative tool for law enforcement. KASPER is the instrument that enables this information to be collected, analyzed, and shared rapidly.

Data gets into the relational database as dispensers transmit prescription data to our data collection agent by modem, diskette or tape. The data collection agent then verifies, compiles and sends the data to the Drug Enforcement and Professional Practices Branch, to be loaded into the KASPER server.

Very high security procedures protect access to the data with only Branch personnel having access to information within the KASPER database. Report requesting by authorized individuals also undergoes a high level of scrutiny. Release of data to anyone not authorized by Kentucky statute is a class D felony.

Currently, there are approximately thirty (30) states with some form of a PMP in operation although only Kentucky, Michigan and Nevada have electronic systems requiring the collection of data on all scheduled drugs. In Kentucky, the KASPER program is administered by the Cabinet for Health and Family Services' Office of Inspector General, Division of Fraud, Waste and Abuse/Identification and Prevention, Drug Enforcement and Professional Practices Branch.

Controlled substance prescription reports (KASPER Reports) are available to Physicians – in the treatment of patients; Pharmacists – in the treatment of patients; Law Enforcement – in conjunction with a bona-fide investigation; Professional Licensure Boards – in investigation of their members; Medicaid Departments – for prevention of fraud and abuse; and by Grand Jury Subpoenas and Court Orders.

Many of the clinicians in the state were skeptical when KASPER was initiated. They felt the scrutiny implied by a monitoring program would interfere with their practice. In actuality, they have found that by utilizing the program to monitor their patients chronically utilizing controlled substances, they have documentation to prove they are treating these patients judiciously. Indeed, as a result of KASPER, reporting productivity has increased 30 fold and investigative productivity has improved 5 fold.

In 2003, the Kentucky State Legislature appropriated \$1.4M to enhance the current KASPER system. The goals of the Enhanced KASPER (eKASPER) system are to automate the labor-intensive processes of report creation, reduce report distribution from a 4-hour goal to 15 minutes, and assure HIPAA compliance at all levels.

In 2004, the Kentucky General Assembly passed legislation that empowers the Cabinet to develop structures and processes with the KASPER system to study utilization trends,

make referrals to law enforcement and regulatory bodies, and utilize KASPER reports in administrative hearings. It is our absolute intention to continue to refine and enhance our efforts in detecting and preventing prescription drug abuse and diversion in the Commonwealth. As I have discussed today, KASPER is a vital tool that plays a critical role in our efforts. KASPER is as useful for the physician as it is for the investigator. Of course, as it is the surgeon, not the scalpel that saves the patient, ultimately these issues will only be solved by employing the skill and knowledge of individuals from a variety of fields. It is our belief that only a balanced and systemic approach that includes prevention, education, treatment, and enforcement will have a significant and sustainable positive impact on what has become a very serious and insidious matter of public health and safety.

Thank you for your time and interest in what I believe to be a very critical matter for the Commonwealth of Kentucky, as well as nationwide. I will be happy to answer any questions you may have.